#### STATE OF NEW HAMPSHIRE

#### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobb	7, 136(3)		chmidt; Karen Soucy; k	Kathy Corey Fox;
II. Name of lobb		Colantuono p, firm or corporation, if an	ıv:	
	ofessional Ass	<u>-</u>	-J •	
		ip, firm or corporation)		<del></del>
18 Centre	_	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 225-71 (Teleph	70 one)	(603) 226-0165 (Fax)	e-mail_attys@b	iancopa.com
		se one – file separate repor which are not attributable t	ts for each client, OR you ma o any one client).	y file a separate report for
X All reportable	e transactions occu	urring in the months prior to t	he reporting date relative to th	e following client:
Elliot Healtl	h System			
OD	(Full Name	of Client as it appears on the Lo	bbyist Registration Form)	
OR ☐ All reportable unrelated to any	•	ne lobbyist (including the lob	byist's family), or the lobbying	g firm listed below which are
uniciated to any	particular ellent.			
IV. Date of Rep Reports cover:		2017 $\Box$ of registration to 3/31/17	July 26, 2017 [] activity from 4/1/17 to 6/30/17	
		5, 2017 🗍 7/1/17 to 9/30/17	January 31, 2018 A activity from 10/1/17 to 12/31.	/17
	cked, complete jus		transactions made since t e Secretary of State's Office, S	
VI. Theck if add	ditional reports a	re attached:		
,	-		le Addendum A- Fees and E	xpenses
	paid an honorariun		u must file <b>Addendum B</b> – Re	
-		ly has made political contribu	utions, you must file Addendu	m C- Political Contributions
I have read RSA and complete to	the best of my kno	Lobbyist A 14-C and RSA 664 and he wledge and belief.	ereby swear or affirm that the 1	foregoing information is true
(Signature of lo	- //	•	· (Dat	RECEIVED
(Print Name of				· '-OF! A EF
(i this raine of	1000) 130)			

JAN 3 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

# PLEASE PRINT

#### STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A



II. Name of lobbyist's partnership, firm or corporation, if an	y:
Bianco Professional Association	
(Name of partnership, firm or corporation)	
III. Name of Client Elliot Health System	Date01/24/18
IV. Fees Received Indicate the gross amount of all fees received from the client identific to lobbying, including fees for services such as public advocacy, govincluding research, monitoring legislation, and related legal work. reduced by any expenses:	ernment relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ _2,865
b) Total of all fees received this calendar year, prior to this reporting (This should equal the total of all prior monthly reports for this ca	period b) \$ 37,209 llendar year)
c) Total of all fees received to date (Add lines a and b)	c) \$ 40,074
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are requires. Separate reports are to be filed for expenditures made relative the lobbyist(s)/firm that are unrelated to any one client a separate Expenses are to be reported in one of three categories of expenses during the reporting period for salaries, benefits, support staff, and individual expenses where the expenditure was of \$25.00 or less (folunch where the cost was \$25.00 or less, purchase of a pen with a vabeing lobbied, purchase of a ceremonial object given to a person being lobbied, purchase of a ceremonial object given to a person being lobbied statement of each individual expenditure made during any purpose not covered by (a) (for example: purchase of a meal ceremonial object to be given to the subject of lobbying with a valid restaurant expenses for a legislative reception). Expenses for hon contributions will be reported on separate addendums and should not	to each client and if expenditures are made by report may be filed for the lobbyist(s)/firm.:  (a) the aggregate total of all expenses paid office expenses; (b) the aggregate total of all or example: meals purchased during a business alue of less than \$10 that is given to the person ng lobbied with a value of \$25.00 or less); and this reporting period of greater than \$25.00 for with value of greater than \$25, purchase of a greater than \$25, but not greater than \$50 or political.
<ul><li>a) Total aggregate expenses for this reporting period for salaries, ben support staff, and office expenses, related directly or indirectly to lob</li><li>b) Total aggregate of expenditures during this reporting period, not</li></ul>	renorted
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period	d) \$ 2,865
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 37,209
f) Total of all expenses year to date	f) \$40,074
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
$\backslash VM_{-}$	1/24/18
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	nership, firm, or corpo	oration: Bianco Profess	onal Association
	lank if Statement is fo		corporation and not related to any
Date of Report (check o	ne):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 🖔
I have read RSA 15, RS the following Addendur submitted):	SA 15-B, RSA 664, the submitted with the	ne Statement of Income an at Statement (insert the nu	d Expenses described above, and imber of Addendum forms being
Addendum A(s)	·		
Addendum B(s)	•		
Addendum C(s)			
complete to the best of t		lief.	at and each Addendum is true and $\frac{1/29/(8)}{(Date)}$
Adam Schmidt		<u>.</u>	
(Print Name of lobbyist)	)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statem	ent/Aff	irma	tion b	y Lo	bbyist
Statem	ent of	Income	and l	Exper	ises f	or:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association						
			corporation and not related to any			
particular client): Ellic	t Health System					
Date of Report (check o	one):					
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 🗷			
I have read RSA 15, R the following Addendu submitted):	SA 15-B, RSA 664, the ms submitted with the	ne Statement of Income at Statement (insert the n	nd Expenses described above, and umber of Addendum forms being			
Addendum A(s	).					
Addendum B(s	).					
Addendum C(s	).					
I hereby swear or affirm complete to the best of	n that the foregoing ir my knowledge and be	nformation on the Stateme lief.	nt and each Addendum is true and			
(Signature of lobbyist)			1 24/1 8 (Date)			
Karen Soucy		-				
(Print Name of lobbyis	t)					

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or	corporation	n: Bianco Prof	fessional Association
Name of Client (leave blank if Statemer			
particular client): Elliot Health Syst	em		
Date of Report (check one):			
April 26, 2017   July 26, 2017	□ Oc	ctober 25, 2017 [	□ January 31, 2018 🕱
I have read RSA 15, RSA 15-B, RSA the following Addendums submitted w submitted):			
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the forego complete to the best of my knowledge a		ation on the State	tement and each Addendum is true and
(Signature of lobbyist)			01/54/3018 (Date)
Kathy Corey Fox			
(Print Name of lobbyist)		_	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Incom	e and Expenses for:			
Name of Lobbying par	tnership, firm, or corpo	ration: Bianco Profess	ional Association	
			corporation and not related to	o any
particular client): <u>Elli</u>	ot Health System			
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 🛣	
	ums submitted with the		nd Expenses described above umber of Addendum forms l	
Addendum B(	s).			
Addendum C(	s).			
	rm that the foregoing in fmy knowledge and be		nt and each Addendum is tru	e and
Thomas (	Markemo		129/18 (Data)	
(Signature of lobbyist)		<del></del>	(Date)	
Thomas Colantuc	ono			